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Jc687-9-S-110

Docket Number CT-2640-NP

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

EL081318511US  
Express Mail Label NumberFebruary 14, 2002  
Date of Deposit

Address to: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

# UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b) is the utility patent application of

Applicant (or identifier): HEWAWASAM ET AL.

Title: 2,4-DISUBSTITUTED PYRIMIDINE-5-CARBOXAMIDE DERIVATIVES AS KCNQ  
POTASSIUM CHANNEL MODULATORS

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 50 pages
2. ☐ Drawings - sheets
3. ☒ Executed Declaration and Power of Attorney (unsigned)
4. ☐ Microfiche Computer Program (appendix)
5. ☐ Nucleotide and/or Amino Acid Sequence Submission
  - ☐ Computer Readable Copy
  - ☐ Paper Copy
  - ☐ Statement Verifying Identity of Above Copies
6. ☐ Preliminary Amendment
7. ☐ Assignment Papers (Cover Sheet & Document(s))
8. ☐ English Translation of
9. ☐ Information Disclosure Statement
10. ☐ Certified Copy of Priority Document(s)
11. ☒ Return Receipt Postcard
12. ☐ Other:



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PATENT TRADEMARK OFFICE

Filing fee calculation:

- ☐ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.  
☐ Before calculating the filing fee, please cancel claims

|                                       |                    |              |     |              |   |        |        |
|---------------------------------------|--------------------|--------------|-----|--------------|---|--------|--------|
| Basic Filing Fee                      |                    |              |     |              |   | \$ 740 |        |
| Multiple Dependent Claim Fee (\$ 280) |                    |              |     |              |   | \$ 0   |        |
| Foreign Language Surcharge (\$ 130)   |                    |              |     |              |   | \$ 0   |        |
|                                       | For                | Number Filed |     | Number Extra |   | Rate   |        |
| Extra Claims                          | Total Claims       | 6            | -20 | 0            | x | \$ 18  | = \$ 0 |
|                                       | Independent Claims | 2            | -3  | 0            | x | \$ 84  | = \$ 0 |
| TOTAL FILING FEE                      |                    |              |     |              |   | \$ 740 |        |

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- ☒ Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of **\$740**. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Please address all correspondence to the address associated with **Customer No. 23914**, which is currently:

Stephen B. Davis  
BRISTOL-MYERS SQUIBB COMPANY  
Patent Department  
P.O. Box 4000  
Princeton, NJ 08543-4000

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (203) 677-6900.

Respectfully submitted,

Date: 14 February 2002

Aldo A. Algieri  
Aldo A. Algieri  
Agent for Applicants  
Reg. No. 31,697  
Tel. No. (203) 677-6809

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